MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04461

Dr. Laury

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fruitland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Post Office Box 108

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) T (Last) BOWEN

4. DATE OF DEATH: (Month) APRIL (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 30, 1888

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): R.D. Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Henry Tilghman

14. MOTHER'S MAIDEN NAME: Alice Vincent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. William T. Bowen (HUSBAND)

18. MEDICAL CERTIFICATION Fruitland, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

33/X

Immediate cause (a) Cerebral Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:35 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Le L Laury M.D. ADDRESS Fruitland DATE SIGNED 4-19-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF April 21-1953

NAME OF CEMETERY OR CREMATORY Union Church Cemetery

LOCATION (City, town, or county) (State) R.D. Salisbury, Maryland

DATE REC'D BY LOCAL REG. 4-21-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Holloway & Company - Salisbury, Maryland

Walter R. Holloway Jr

RECEIVED
APR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04462

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eden
STREET ADDRESS (If rural give location) Rt. # 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) LEONARD (Last) Boyd

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 1953

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: APR. 17, 1885 | 9. AGE last birthday: 68 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Boyd
14. MOTHER'S MAIDEN NAME: Anna Lamberton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 051-05-8622
17. INFORMANT & ADDRESS: Mrs. Mabel G. Boyd - Eden Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 4-23-53

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23/53, 19..., to 4/29/53, 19..., that I last saw the deceased alive on 4/29, 19..., and that death occurred at ..., from the causes and on the date stated above.
SIGNATURE (Degree or title) L. H. Lowry, M.D. ADDRESS Fruitland, Md. DATE SIGNED 5-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/2/53 | NAME OF CEMETERY OR CREMATORY Parsons Cemetery | LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REGISTRAR 5-4-53 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Hill & Johnson Co.
George C. Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04463

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dames Quarter
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) (Last) Bozman

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): child
8. DATE OF BIRTH: Feb-13-1953
9. AGE last birthday: → yrs. IF UNDER 1 YEAR Months 2 Days 11 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: child
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Bozman
14. MOTHER'S MAIDEN NAME: Jean Bozman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) child
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Charles Bozman.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Pneumonia, Lobar DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9 10 PM, from the causes and on the date stated above.

SIGNATURE Morris A. Lambdin (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 4-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/26/53
NAME OF CEMETERY OR CREMATORY Private Cemetery
LOCATION (City, town, or county) Dames Quarter (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5/2/53
REGISTRAR'S SIGNATURE Lola S. Wheatley
24. FUNERAL DIRECTOR L. S. Webster ADDRESS Deal Island Md.

2023252404 Mary W. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04461

CERTIFICATE OF DEATH

Reg. Dist. No. 335-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sharptown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 93

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural give location) R.F.D. Box 93

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Brummel (Last)

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 2, 1904

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Brummel

14. MOTHER'S MAIDEN NAME: Anna Coak

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Alberta Jones, Phila. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Chronic Parenchymatous Nephritis — Interval Between Onset And Death: 1 Years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(260x)

(c) Diabetes Mellitus — 4 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to 4/26, 1953, that I last saw the deceased alive on 4/25, 1953, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) H.S. Kuhlman M.D. — ADDRESS Sharptown Md — DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-29-53 — NAME OF CEMETERY OR CREMATORY Zion Cemetery — LOCATION (City, town, or county) (State) Sharptown, Md.

DATE REC'D BY LOCAL REGISTRAR 4/30/53 — REGISTRAR'S SIGNATURE Mary C. Owens — 24 FUNERAL DIRECTOR James B. Barnhill — ADDRESS Easton, Md.

VS. A15

RECEIVED
MAY 4 1953
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04465

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

LENGTH OF STAY (in this place): 2 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 406 Royal St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

STREET ADDRESS (If rural give location): 406 Royal St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
SANTA TESTA CERNIGLIA	4 26 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	July 10, 1897	55 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Italy	Italy

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Pietro Testa	Frances Barranco

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No ———	None	Mr. Sam Cerniglia, 406 Royal St. Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

180X

Immediate cause (a) hydronephroma left kidney

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/2/53	Tumor left kidney	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 1952, to 4/26, 1953, that I last saw the deceased alive on 4/25, 1953, and that death occurred at 5 40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Andrew C. Hatchell MD — ADDRESS: 228 N Division — DATE SIGNED: 4/27/53

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/29/53	Wicomico Memorial Park	Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
4-28-53	Mary W. Holloway	The Hill & Johnson Co. Salisbury, Md.

VS. A15

RECEIVED
APR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) 212 Cedar St.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) P. (Last) Conway
4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 27, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Phillips
14. MOTHER'S MAIDEN NAME: Mary E. Mason

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: 212-10-8389
17. INFORMANT & ADDRESS: Mrs. Elsie Huston, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

092 x

Immediate cause (a) Hepatic Necrosis c̄ Insufficiency — Interval Between Onset And Death: 2 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Subacute Infectious Hepatitis — 3 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 .., to ..., 19 .., that I last saw the deceased alive on ..., 19 .., and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED April 23 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-26-53
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR 4-23-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

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RECEIVED
APR 27 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04467

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Convalescent Home
MARYLAND LENGTH OF STAY (If in this place) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Wicomico COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) W. College Ave.

3. NAME OF DECEASED: (Type or Print) First: Jane (Middle) Stewart (Last) Dallas

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Sept 7, 1880 | 9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Ardis
14. MOTHER'S MAIDEN NAME: Jane Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mr George Dallas, Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44-X

Immediate cause (a) Essential Hypertension — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to 4/20, 1953, that I last saw the deceased alive on 4/20, 1953, and that death occurred at 10:50 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Fred L. Cramer M.D. Salisbury Md. 4/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/23/53
NAME OF CEMETERY OR CREMATORY West Laurel Hill Cem
LOCATION City, Town, or County Phila. (State) Penn.

DATE REC'D BY LOCAL REGISTRAR 4-21-53
REGISTRAR'S SIGNATURE Mary M Holloway
24. FUNERAL DIRECTOR THE HILL & JOHNSON CO. SALISBURY
ADDRESS George C. Hill II

VS. A15

APR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]268

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mardella
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) (Last) Dashiell

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Cc

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 3, 1913

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months 3 Days 15 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Danville, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: London Kirby

14. MOTHER'S MAIDEN NAME: Ada Wimbrush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Harold F. Dashiell — Mardela, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/13

Immediate cause (a) Rheumatic cardiovascular disease — Interval Between Onset And Death: acute 2 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatic fever ? — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1953, to 4/18, 1953, that I last saw the deceased alive on 4/18, 1953, and that death occurred at 1 PM, from the causes and on the date stated above.

SIGNATURE Harry Mattox, M.D (Degree or title) ADDRESS Salisbury, Md. DATE SIGNED 4/18/53

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial
DATE THEREOF 4/22/53
NAME OF CEMETERY OR CREMATORY Mardela Cemetery
LOCATION (City, town, or county) Mardela (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-21-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius D. Ingersoll ADDRESS Bivalve, Md.

APR 2
BU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]1469

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Private Sanitarium	STREET ADDRESS (If rural, give location) 613 Isabella Street

3. NAME OF DECEASED: (Type or Print)	(First) Eva	(Middle) May	(Last) Elliott	4. DATE OF DEATH:	(Month) April (Day) 15 (Year) 1953
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: May 20-	9. AGE last birthday: 73 yrs.	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY: At own Home	11. BIRTHPLACE (State or foreign country): Parsonsburg Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: John Wright	14. MOTHER'S MAIDEN NAME: Ann Figgs				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Mrs. George W. Parsons (Daughter) 211 Davis Street, Salisbury, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260 X

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

DUE TO

Antecedent cause(s) (b) Arterio sclerosis —

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Diabetes - Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 4-15, 1953, that I last saw the deceased alive on 4-15, 1953, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Phillip A. Tuckey M.D. Salisbury Md 4-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF April-19-1953	NAME OF CEMETERY OR CREMATORY Parsons Cemetery	LOCATION (City, town, or county) (State) Salisbury, Maryland
DATE REC'D BY LOCAL REG. 4-20-53	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Maryland	ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 22 1953
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (14170)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) 28 State St

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELLEN (Last) ELLIOTT

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-16-1872

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sussex County Del

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frank Connor

14. MOTHER'S MAIDEN NAME: Alena Callamy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT & ADDRESS: Bessie O. Elliott Delmar Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X
Immediate cause (a) Cardiac Decompensation
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive C.V. disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1953 to 4-26, 1953 that I last saw the deceased alive on 4-26, 1953 and that death occurred at 11:10 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Wm B. Smith M.D. ADDRESS Salisbury Md DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-28-53
NAME OF CEMETERY OR CREMATORY First Methodist
LOCATION (City, town, or county) (State) Delmar Del

DATE REC'D BY LOCAL REGISTRAR 4-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR W. S. Hyland & Co ADDRESS Delmar Del

RECEIVED
APR 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: Delmar, Md.
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head Hospital Salisbury, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D #1 Woodlawn
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) — (Last) Gordy

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-28-1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months 11 Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Road Building

11. BIRTHPLACE (State or foreign country): Delmar Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerome Gordy

14. MOTHER'S MAIDEN NAME: Alberta Elzy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 195-03-9400

17. INFORMANT & ADDRESS: Chandley Gordy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 1) Cerebral hemorrhage - accident — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) 2 Cerebrovascular lues — 10 year

DUE TO (c) 3 Chronic pyelonephritis — 4 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1953, to 4/27, 1953, that I last saw the deceased alive on 4/27, 1953, and that death occurred at 5 25 p.m., from the causes and on the date stated above.

SIGNATURE Dr Guerman (DEGREE OR TITLE) MD ADDRESS Salisbury Deers Head State Hospital DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4-30-53 — NAME OF CEMETERY OR CREMATORY Woodlawn Cem — LOCATION (City, town, or county) (State) Delmar. Md.

DATE REC'D BY LOCAL REG. 4-29-53 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Booker M. Wicat. — ADDRESS

RECEIVED
MAY 4 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. # 3 (Naylor Road)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R. D. # 3

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) HERMAN (Last) GORDY

4. DATE OF DEATH: (Month) APRIL (Day) 20 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 20, 1886

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chicken Grower

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elijah S. Gordy

14. MOTHER'S MAIDEN NAME: Ella Freeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Clara Gordy (Wife)

18. MEDICAL CERTIFICATION R.D.#3 Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

4-20

Immediate cause (a) Myocardial Infarction

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Heart Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1952, to 4/20, 1953, that I last saw the deceased alive on 4/20, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Neal R. Freeney M.D. Salisbury, Md. 4/20/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF April 22 1953 — NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park — LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. 4-21-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS

Holloway & Company - Salisbury, Maryland

Walter Ralph Holloway

RECEIVED
APR 2
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~East Vine St.~~ R0#1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 312 East Vine St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Lester (Last) Gordy

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Specify): Single

8. DATE OF BIRTH: March 30, 1935

9. AGE last birthday: 17 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tractor operator

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Salisbury, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Lester Gordy, Sr.

14. MOTHER'S MAIDEN NAME: Zella Shores

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Zella Shores Carey Gordy 312 E. Vine St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffocation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Salisbury (COUNTY): Wicomico (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): April 3 1953 1:35 P.M. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Caught under tractor

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: 224 N. Division St. Salisbury, Md. DATE SIGNED: 4/3/53

23. BURIAL, CREMATION or REMOVAL (Specify): Burial DATE THEREOF: April 5-53 NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park LOCATION (City, town or county): Salisbury (State): Md.

DATE REC'D BY LOCAL REG. 4-3-53 REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Gordy ADDRESS: Salisbury Md. Walter R. Holloway

APR 7 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1474

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY County W
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) (Last) Harmon

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible] — 8. DATE OF BIRTH: 6/13/72 — 9. AGE last birthday: 80 yrs. — If under 1 year: Months 9 Days 19 — If under 24 hrs.: Hours [illegible] Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own Home — 11. BIRTHPLACE (State or foreign country): Nanticoke, Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Wallace — 14. MOTHER'S MAIDEN NAME: Katie Nutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: John M. Harmon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Subdural hematoma — 6 hrs ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* [illegible], *Inquiry* [illegible] *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE [signature] — (Degree or title) Deputy Medical Examiner M.D. — ADDRESS 224 N. Division St., Salisbury, Md. — DATE SIGNED 4/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/5/53 — NAME OF CEMETERY OR CREMATORY Nanticoke Cemetery — LOCATION (City, town, or county) (State) Nanticoke, Maryland

DATE REC'D BY LOCAL REG. 4-3-53 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR — ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

APR 7 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8 AM

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Amuel (Middle) William (Last) Harmon

4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 1953

5. SEX M — 6. COLOR OR RACE C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH 1877 — 9. AGE last birthday 76 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Wicomico, Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown — 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Hattie Harmon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3:1X Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to death, 19....., that I last saw the deceased alive on 4-4-53, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee L. Lowry, M.D. — ADDRESS Fruitland, Md. — DATE SIGNED 4-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 4-10-53 — NAME OF CEMETERY OR CREMATORY Harmon's Cem Pvt. — LOCATION (City, town, or county) Fruitland (State) Md

DATE REC'D BY LOCAL REG. 4-10-53 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Booker N Wesh — ADDRESS Salisbury Md

APR 14 1953

Items 3, 13: funeral director's data 7-9-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 mo-9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware — COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blades
STREET ADDRESS (If rural give location) S. Market St. at 10th st.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Baird (Last) Hastings

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 12, 1876

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm ret

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~William Andrew~~ Hastings, William Baird

14. MOTHER'S MAIDEN NAME: Margaret Hemmins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ******

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: R. Norris Davis, Blades, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Carcenomatosis, abdominal — Interval Between Onset And Death: Symptoms 6 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) (Carcenoma of stomach with metastasis of liver)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1953, to 4-19, 1953, that I last saw the deceased alive on 4-19, 1953, and that death occurred at 3:52 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward Johnson M.D. — ADDRESS Salisbury Md. — DATE SIGNED April 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 22, 1953 — NAME OF CEMETERY OR CREMATORY Blades Cemetery — LOCATION (City, town, or county) (State) Blades, Delaware

DATE REC'D BY LOCAL REGISTRAR 4-21-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Medford L. Walworth — ADDRESS Seaford, Delaware

RECEIVED
APR 23 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01477

CERTIFICATE OF DEATH

Reg. Dist. No. 335

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home Rt. #1 Box 75

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural, give location) Rt. #1 Box 75 Mardela

3. NAME OF DECEASED: (Type or Print) (First) Lorenzo (Middle) (Last) Hopkins

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: about 1879

9. AGE last birthday: about 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caulker

10b. KIND OF BUSINESS OR INDUSTRY: Robert's Industry

11. BIRTHPLACE (State or foreign country): Sharptown, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Washington Hopkins

14. MOTHER'S MAIDEN NAME: Emeline Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 217-10-8024

17. INFORMANT & ADDRESS: Mrs. Mary Hopkins, Mardela, Rt. #1 Box 75

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

DUE TO

Antecedent cause(s) (b) Arterio-sclerosis — 10 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to April 11, 1953, that I last saw the deceased alive on April 11, 1953, and that death occurred at 11:55 a.m. from the causes and on the date stated above.

SIGNATURE H. B. Kuhlman (DEGREE OR TITLE) M.D. ADDRESS Sharptown Md DATE SIGNED 4/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-15-'53

NAME OF CEMETERY OR CREMATORY Zion Church Cemetery

LOCATION (City, town, or county) (State) Sharptown, Wicomico Co. Md

DATE REC'D BY LOCAL REG. April 15, 1953

REGISTRAR'S SIGNATURE Mary C. Owen

24. FUNERAL DIRECTOR ADDRESS STEWART FUNERAL HOME - 324 E Church St

Mary A. Stewart, Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

APR 17 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 382

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Salisbury
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hebron
STREET ADDRESS (If rural give location): Main St.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Hiram (Last) Howard

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Mar 10, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hiram Howard

14. MOTHER'S MAIDEN NAME: Mary Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Hardy Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
154X Immediate cause	(a) Cerebro-Vascular Accidents (2)	7 days; 2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	Unknown
	DUE TO (c) Alcohol Carcinoma of Rectum.	Approx 9 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of Rectum

19a. DATE OF OPERATION: 4-20-53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum.

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1953 to April 27, 1953, that I last saw the deceased alive on April 27, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

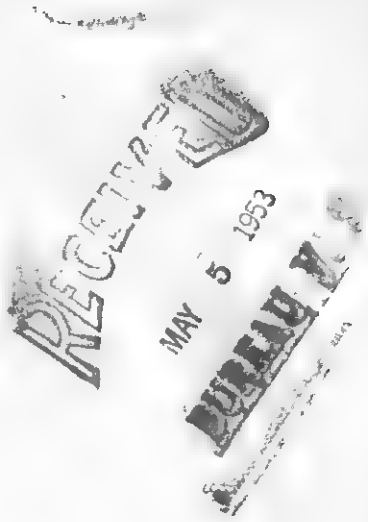
Hunter R. Mann Jr., M.D. Salisbury, Maryland 4-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/30/53 — NAME OF CEMETERY OR CREMATORY Hebron — LOCATION (City, town, or county) (State) Hebron Md

DATE REC'D BY LOCAL REGISTRAR 5-2-53 — REGISTRAR'S SIGNATURE Mary W Holloway

24. FUNERAL DIRECTOR Paul J Smith — ADDRESS Hebron Md

VS. A15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MAY 5 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 1 MON
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) 115 Broad Street

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) ROCK (Last) Humphreys

4. DATE OF DEATH: (Month) April (Day) 8th (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 25, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene W Humphreys
14. MOTHER'S MAIDEN NAME: Mary Josephine Tarr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Betty Humphreys, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17. X

Immediate cause (a) Carcinoma of Left Ovary — Interval Between Onset And Death: [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-6-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Left Ovary
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1953, to 4/8, 1953, that I last saw the deceased alive on 4/8, 1953, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS Salisbury DATE SIGNED 4/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/11/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Md
DATE REC'D BY LOCAL REGISTRAR 4/13/53
REGISTRAR'S SIGNATURE Mary Halloway
24. FUNERAL DIRECTOR The Hill & Johnson Co ADDRESS Salisbury
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
APR 13 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) Market + 4th Sts.

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) M (Last) Hurley

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 11, 1870

9. AGE Last birthday: 82 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Watson

14. MOTHER'S MAIDEN NAME: Acie Marshall

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: J. Hyman Hurley, Pocomoke

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pancreatitis — Interval Between Onset And Death 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Coronary Artery Heart Disease — 3 yrs

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25, 1953, to 4/27, 1953, that I last saw the deceased alive on 4/27, 1953, and that death occurred at 6:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel J. Gilmore M.D. — ADDRESS Salisbury Md. — DATE SIGNED April 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-29-53 — NAME OF CEMETERY OR CREMATORY Nelson Cemetery — LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4-27-53 — REGISTRAR'S SIGNATURE Mary M. Holloway — 24. FUNERAL DIRECTOR — ADDRESS Henry H. Watson, Pocomoke, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0 481

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bivalve
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bivalve
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) FRED (Last) INSLEY
4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov. 6, 1866
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months 5 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Tyaskin, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Polk Insley
14. MOTHER'S MAIDEN NAME: Biddie Messick 800 Locust Terrace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Marjorie Bowden — Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

561.5

Immediate cause (a) Intestinal Obstruction — Interval Between Onset and Death: 36 hours,

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Incarcerated Hernia. — 36 hours,

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Cardiac Failure — 24 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1950, to 4/16, 1953, that I last saw the deceased alive on 4/16, 1953, and that death occurred at 11.45 AM from the causes and on the date stated above.

SIGNATURE Richard H. Saunders MD. (Degree or title) ADDRESS Nanticoke Md DATE SIGNED 4/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 19, 1953
NAME OF CEMETERY OR CREMATORY Bivalve Cemetery
LOCATION (City, town, or county) (State) Bivalve, Maryland

DATE REC'D BY LOCAL REGISTRAR 4-18-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius G. Messick ADDRESS Bivalve, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At. home - East Rd. Apt. 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) East Road - Apt. 3

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) Lee (Last) Jester

4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: A. A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby
8. DATE OF BIRTH: 10-10-'52
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 6 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salisbury, Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Jester
14. MOTHER'S MAIDEN NAME: Elizabeth Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Baby (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Elizabeth Jester, East Rd. Salis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Broncho-Pneumonia	3 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Bronchitis	Couple days
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ ~~Not while at work~~ ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1953, to Apr. 19, 1953, that I last saw the deceased alive on Apr. 15, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Herbert Sembly (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md DATE SIGNED 4/20/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 4-21-'53 NAME OF CEMETERY OR CREMATORY Green Acres Cemetery LOCATION (City, town, or county) Salisbury, Wicomico Co. (State) Md

DATE REC'D BY LOCAL REG. 4-20-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME ADDRESS 324 E. Church St
Mary A. Stewart, Salisbury, Maryland

2002-21-405

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 22 1953
BUREAU V.I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Allen
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: about 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Local Preacher

10b. KIND OF BUSINESS OR INDUSTRY: Baptist Church

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Ernest King, Allen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492.X
Immediate cause (a) DUE TO Viral Pneumonia.

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anaemia.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11-53, 19.., to 4-18-53 .., that I last saw the deceased alive on 4-18-53 19 ...., and that death occurred at 1:35 PM, from the causes and on the date stated above.

SIGNATURE Carrell Lease (Degree or title) MD ADDRESS 113 W Church St DATE SIGNED 4/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-23-53 NAME OF CEMETERY OR CREMATORY Houston Cemetery LOCATION (City, town, or county) Salisbury, Wicomico Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4-20-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME 324 E. Church St
Mary A. Stewart, Salisbury, Maryland ADDRESS

VS. 115 (1)

RECEIVED
APR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Prowvicis (Middle) (Last) Jones
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Not Knowed
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Labor
10b. KIND OF BUSINESS OR INDUSTRY: Swanson & Son
11. BIRTHPLACE (State or foreign country): Dames Quarter, Somerset Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Jones
14. MOTHER'S MAIDEN NAME: Mary Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-14-8524
17. INFORMANT & ADDRESS: Willie Jones, Dames Quarter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 9 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1953, to 4-26, 1953, that I last saw the deceased alive on 4-26, 1953, and that death occurred at 10:04 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis, Jr. MD
ADDRESS Salisbury, Md.
DATE SIGNED 4-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-28-53
NAME OF CEMETERY OR CREMATORY House Jacob
LOCATION (City, town, or county) Chance (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-27-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR William H. James Jr
ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wic.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) R.R. #3

3. NAME OF DECEASED: (Type or Print) (First) Patrick (Middle) (Last) Keane
4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-7-1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Transportation Mgr
10b. KIND OF BUSINESS OR INDUSTRY: Bus.
11. BIRTHPLACE (State or foreign country): Gretown Conn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick G. Keane
14. MOTHER'S MAIDEN NAME: Bridget Cahill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Joseph Glacier, Delmar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Acute Peritonitis — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ASCV Disease

19a. DATE OF OPERATION: 4-7-1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach With Metastasis
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1953, to 4-22, 1953, that I last saw the deceased alive on 4/22, 1953, and that death occurred at 10:13 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) John M. Blepam III MD ADDRESS 324 Division, Salisbury, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 4-27-53 NAME OF CEMETERY OR CREMATORY Holly Name LOCATION (City, town, or county) Jersey City, N.J. (State)
DATE REC'D BY LOCAL REGISTRAR 4-24-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR W. S. Mansel Co ADDRESS Delmar, Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
APR 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) BAIN (Last) KIRWAN

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug. 31, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 7 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Mount Vernon, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Henry Kirwan
14. MOTHER'S MAIDEN NAME: Martha Ann Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Morgan Kirwan, Tyaskin, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asthma - Cardiac - Interval Between Onset And Death 72 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Atheroma - Nephritis 7 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhages

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/17, 1946, to April 26, 1953, that I last saw the deceased alive on 4/26, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James R. Bishop M.D. ADDRESS Salisbury Md DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/28/53
NAME OF CEMETERY OR CREMATORY Bivalve Church Cem.
LOCATION (City, town, or county) Bivalve (State) Md
DATE REC'D BY LOCAL REGISTRAR 4-27-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius G. Mesick ADDRESS Bivalve, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

1. PLACE OF DEATH:
   COUNTY: Wicomico — MARYLAND
   CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Salisbury
   LENGTH OF STAY (in this place): 15 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Wicomico
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
   STREET ADDRESS (If rural give location): 149 Delaware Street

3. NAME OF DECEASED; (Type or Print): (First) Mattie (Middle) (Last) Matthews

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: about 1892

9. AGE last birthday: about 61 yrs.
   IF UNDER 1 YEAR: Months, Days
   IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Employee

10b. KIND OF BUSINESS OR INDUSTRY: Chicken Factory

11. BIRTHPLACE (State or foreign country): Atlantic, Accomac Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Holden

14. MOTHER'S MAIDEN NAME: Hannah Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 220-09-1818A

17. INFORMANT & ADDRESS: Mrs. Nellie Shockley, 149 Del Ave. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

Immediate cause (a) Carcinoma of Gall Bladder — Interval Between Onset And Death: 2 yrs?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anaemia — 6 mos

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 19 53, to April 9, 19 53, that I last saw the deceased alive on April 8, 19 53, and that death occurred at 2:25 AM, from the causes and on the date stated above.

SIGNATURE: James R Mann (Degree or title): M D ADDRESS: Salisbury Md DATE SIGNED: 4/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-12-53 — NAME OF CEMETERY OR CREMATORY: Green Acres Cemetery — LOCATION (City, town, or county) (State): Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 4-11-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: STEWART FUNERAL HOME — ADDRESS: 324 E. Church St

Mary A. Stewart, Salisbury Maryland

APR 14 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-45 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
LENGTH OF STAY (in this place) 84 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) Maria (Last) Middleton

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 19/1868
9. AGE last birthday: 84-8-10 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Own Shop
11. BIRTHPLACE (State or foreign country): Pittsville, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr Harry S. Middleton, Pittsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 44 x

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis Chronic	2 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension	5 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1948, 19....., to 4-29, 1953, that I last saw the deceased alive on 4-29, 1953, and that death occurred at 4:30 a m., from the causes and on the date stated above.

SIGNATURE Frank Lewis M.D. (DEGREE OR TITLE) ADDRESS Willards Maryland DATE SIGNED 4-30-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 2/53
NAME OF CEMETERY OR CREMATORY Grace Methodist
LOCATION (City, town, or county) Pittsville (State) Md

DATE REC'D BY LOCAL REG. 5-1-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay C. Dennis, Snow Hill, Md
ADDRESS

RECEIVED
MAY 5 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural give location) Box 37

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mitchell

4. DATE OF DEATH: (Month) (Day) (Year) 4 - 29 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-29-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. 40

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Salisbury Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William James Mitchell
14. MOTHER'S MAIDEN NAME: June Lucille White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: William James Mitchell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Premature Labor DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-, 1953, to 4-29-, 1953, that I last saw the deceased alive on 4-29-, 1953 and that death occurred at 3.20 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Rivers Hanson, MD
ADDRESS Salisbury, Md
DATE SIGNED 4-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) ✓
DATE THEREOF 4-29-53
NAME OF CEMETERY OR CREMATORY Peninsula General Hospital
LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REGISTRAR 4-29-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Peninsula General Hospital
ADDRESS Salisbury, Md.

043182-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]190

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R F D #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) R F D #1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) FREDERICK ALONZO MOORE
4. DATE OF DEATH: (Month) (Day) (Year) 4 - 30 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-7-1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Upholster
10b. KIND OF BUSINESS OR INDUSTRY: auto Body
11. BIRTHPLACE (State or foreign country): Westover, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Moore
14. MOTHER'S MAIDEN NAME: Sarah E. Buttingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mary E. Moore - Delmar Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral hemorrhage — 3 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Generalized arteriosclerosis — 20 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease c̄ failure — 20 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1950, to death, 19 , that I last saw the deceased alive on 4/30, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Ernest M. Larmor (Degree or title) M.D. ADDRESS Delmar, Del. DATE SIGNED 4/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-2-53
NAME OF CEMETERY OR CREMATORY Parsons
LOCATION (City, town, or county) (State) Salisbury, Md.
DATE REC'D BY LOCAL REGISTRAR May 1st 1953
REGISTRAR'S SIGNATURE Harry E. Hudson Sr.
24. FUNERAL DIRECTOR W. S. Marvel Co. ADDRESS Delmar, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 714. Grace st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 714. Grace st.

3. NAME OF DECEASED: (Type or Print) (First) Hettie (Middle) — (Last) Oliphant

4. DATE OF DEATH (Month) April (Day) 9 (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 1882 - 70 yrs.
9. AGE last birthday: IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Inf
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): R.D. Mardela Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record (Reddish)
14. MOTHER'S MAIDEN NAME: Annie R. Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Preston N. Oliphant (Son) 714. Grace st Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44 2X

Immediate cause (a) ..... INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) (b) Cardiac Failure

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Hypertensive C.V. Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1953, to 4-8, 1953, that I last saw the deceased alive on 4/8, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE J. B. Smith (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md. DATE SIGNED 4/10/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 12-53
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 4-11-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

APR 14 1953
BUREAU V. S.

Item 1c Film 3153 4-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2419

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) RR #5 Anderson

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Palmer

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 4-3-53

9. AGE last birthday: IF UNDER 1 YEAR — yrs. Months — Days — IF UNDER 24 HRS Hours — Min. 33

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vernon Van Palmer

14. MOTHER'S MAIDEN NAME: Leona Stella Ames

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Leona Palmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

75? X

Immediate cause (a) ... Prematurity, 30 wks ... DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... PREMATURE LABOR ... DUE TO

(c) Autopsy revealed Internal Hydrocephalus

Interval Between Onset And Death: 45 min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3, 1953, to 4/3, 1953, that I last saw the deceased alive on 4/3, 1953, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rivers Hanson, M.D. ADDRESS DATE SIGNED 4-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 4/4/53 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) (State) Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR 4-3-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS —

2043204301

APR 7 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04493

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Pittsville
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pittsville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pittsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAVINIA (Middle) HESTER (Last) PARKER

4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr 8, 1862

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Pope Burris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Herbert Bailey Loma

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Carcinoma of liver { liver was palpable and nodular and patient literally jaundiced

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Patient had had symptoms 2 gall stones for 10 years - No operation and X-ray not done.

DUE TO (c)

Interval Between Onset And Death: 2 yrs ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to 4-19, 1953, that I last saw the deceased alive on 4-18, 1953, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Loma M.D.

ADDRESS Willards Md.

DATE SIGNED 4-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/22/53

NAME OF CEMETERY OR CREMATORY Parker Cemetery

LOCATION (City, town, or county) (State) Pittsville, Maryland

DATE REC'D BY LOCAL REGISTRAR Rec 4-21-53

REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR THE HILL-Johnson Co

ADDRESS Salisbury

George C Hill II

VS. A15

APR 23 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Quantico
LENGTH OF STAY (in this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico
STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED: (First) Julia (Middle) Anne (Last) Peters
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: A. A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: About 1875
9. AGE last birthday: About 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Quantico, Wicomico Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Price
14. MOTHER'S MAIDEN NAME: Margaret Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Irene Winder, Quantico, Md. Rt. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
331X
Immediate cause (a) Cerebral Hemorrhage — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH: 6 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1953, to April 3, 1953, that I last saw the deceased alive on April 2nd, 1953, and that death occurred at 11:40 AM m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
William Emrich M.D. Hebron, Md. April 4-1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-6-'53
NAME OF CEMETERY OR CREMATORY: Quantico Cemetery
LOCATION (City, town, or county) (State): Quantico, Wicomico Co. Md.

DATE REC'D BY LOCAL REG. 4-6-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: STEWART FUNERAL HOME
ADDRESS: 324 E. Church St
Mary A. Stewart, Salisbury, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PR 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Powellville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Oscar (Last) Powell

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 23, 1891

9. AGE last birthday: 62 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Own store

11. BIRTHPLACE (State or foreign country): Powellville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: L. Clay Powell

14. MOTHER'S MAIDEN NAME: Martha I. Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. J. Oscar Powell Powellville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
5. X Immediate cause	(a) Drowning from vomitus	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Pronchitis	2 days
	(c) Rheumatoid arteritis with Marie Strümpell disease	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28/53, 19....., to 4/30/53, 19....., that I last saw the deceased alive on 4/20/53, 19....., and that death occurred at 1.45 P m., from the causes and on the date stated above.

SIGNATURE: Paul Cohen (Degree or title) MD — ADDRESS: Enow Hill — DATE SIGNED: 5/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/3/53 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county): Powellville (State) Md

DATE REC'D BY LOCAL REG.: 5-4-53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Anna A. Burbage Berlin Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 6 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1496

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Darlene (Middle) (Last) Purnell.

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 8, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha Morgan Purnell.
14. MOTHER'S MAIDEN NAME: Linda Katherine Waples

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elisha Morgan Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

061X

Immediate cause (a) Tetanus neonatorum — Interval Between Onset And Death 8 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 , to , 19 , that I last saw the deceased alive on ..... , 19 , and that death occurred at 6:45 AM from the causes and on the date stated above.

SIGNATURE Morris A. Lambdin (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 4/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF April 20-1953 NAME OF CEMETERY OR CREMATORY Rogers Cemetary LOCATION (City, town, or county) Selbyville Sussex (State) Delaware

DATE REC'D BY LOCAL REGISTRAR 4-21-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson Pocomoke ADDRESS N.J. Md.

4043429404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 19
DIRECTOR

Dr Laury

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]7

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS [redacted] (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Dorotha (Middle) Eloise (Last) Pusey

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 20, 1923

9. AGE last birthday: 29 yrs.
IF UNDER 1 YEAR: Months 11 Days 22
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At own Home

11. BIRTHPLACE (State or foreign country): Worcester County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Stevenson

14. MOTHER'S MAIDEN NAME: Mollie Bounds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Orville M. Pusey (Husband) [redacted]

18. MEDICAL CERTIFICATION Fruitland, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause (Final disease or condition resulting in death) 5/12X	(a)	Chronic Glomerulonephritis	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)	Malignant Hypertension & Uremia	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..49..., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:15 A.M. m., from the causes and on the date stated above.

SIGNATURE Lee L Laury M D (DEGREE OR TITLE) ADDRESS Fruitland Md. DATE SIGNED 7-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF April 14-53
NAME OF CEMETERY OR CREMATORY Olivet Church Cemetery
LOCATION (City, town, or county) Worcester County (State)

DATE REC'D BY LOCAL REG. 7-13-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Maryland
ADDRESS
Mary W. Holloway

APR 15 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1 PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) (Last) Reid

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1953

5. SEX: Female
6 COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 13, 1934
9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Contee Payne
14. MOTHER'S MAIDEN NAME: Edna Powell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Louis Reid (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Broncho pneumonia — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Bronchial asthma — unknown

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1953, to April 5, 1953 that I last saw the deceased alive on 4-5, 1953 and that death occurred at 1 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) William R. Ellis, J. MD
ADDRESS Salisbury, Md.
DATE SIGNED 4-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 7, 1953
NAME OF CEMETERY OR CREMATORY Manokin Presbyterian
LOCATION (City, town, or county) Princess Anne, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 4-6-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Levin R. Wilson
ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

7

APR 8 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (04499)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wascoto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Thomas (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Nov. 19 - 1910
9. AGE last birthday: 42-6-3 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Tabor
10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Maser Smith
14. MOTHER'S MAIDEN NAME: Myrtle Beckett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-07-4214
17. INFORMANT & ADDRESS: Mrs Lola Smith, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive vascular disease DUE TO

(c)

Interval Between Onset And Death: 23 days unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) a.m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30, 1953, to 4-22, 1953 that I last saw the deceased alive on 4-22, 1953, and that death occurred at 4 52 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis, Jr. MD
ADDRESS Salisbury, Md
DATE SIGNED 4-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 27/53
NAME OF CEMETERY OR CREMATORY Georgetown
LOCATION (City, town, or county) Pocomoke City, Rural (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-25-53
REGISTRAR'S SIGNATURE Maryll Holloway
24. CONTRAL DIRECTOR Alley O. Timmins
ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

APR 3 1953
LURAY V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

500

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marion (Middle) (Last) Smith.
4. DATE OF DEATH (Month) April (Day) 11 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov. 30, 1900
9. AGE last birthday 52 yrs. If under 1 year Months 4 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Quantico, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME Henry Page Smith
14. MOTHER'S MAIDEN NAME Mary Ann Porter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 217-30-8135
17. INFORMANT AND ADDRESS Mary A. Smith Quantico, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic C.V. Disease	—
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Earl L Royer (Degree or title) M.D. ADDRESS 224 N. Division St. Salisbury Md DATE SIGNED 4/11/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/13/53
NAME OF CEMETERY OR CREMATORY Hebron Cemetery
LOCATION (City, town, or county) Hebron, Maryland (State)
DATE REC'D BY LOCAL REG. 4-13-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius G. Marsick, Bivalve, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

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APR 15 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1501

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury - Md
LENGTH OF STAY (in this place) 1 yr 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deershead State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2575 W Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Walter (Last) Smith.
4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1953.

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Aug 13 - 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Checker of Tools - Md. Drydock Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadephia
12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME: Daniel Edward Smith
14. MOTHER'S MAIDEN NAME: Elizabeth McCullough.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -No- (If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: MRS. EDNA SMITH - 2575 W. Fayette St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X
Immediate cause (a) Pneumonia right mid-lung field due to aspiration — INTERVAL BETWEEN ONSET AND DEATH 20 days.
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) Post encephalitic Parkinson's disease — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -
(CITY OR TOWN) - (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) - M.
INJURY OCCURRED While at work ☐ Not while at work ☐ -
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Jan 25th 1952, to April 22, 1953, that I last saw the deceased alive on 4/22/53, 1953, and that death occurred at 7:30 PM m., from the causes and on the date stated above.
SIGNATURE [signature] (DEGREE OR TITLE) Instit. Physc. ADDRESS Deershead St. Hospital DATE SIGNED 4/22/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 4-27-53. NAME OF CEMETERY OR CREMATORY Cathedral Cem. LOCATION (City, town, or county) Balto. (State)
DATE REC'D BY LOCAL REG. 4/23/53 REGISTRAR'S SIGNATURE [signature] Dmk
24. FUNERAL DIRECTOR [signature] Greenmount & Co. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Salisbury Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewis
STREET ADDRESS (If rural, give location) 810 Savannah Rd

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) M (Last) SNYDER
4. DATE OF DEATH (Month) Apr (Day) 21 (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 19, 1916
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Representative Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) PA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Snyder
14. MOTHER'S MAIDEN NAME Kathryn Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 179-07-4451
17. INFORMANT AND ADDRESS Mrs Anne Snyder Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819X Immediate cause (a) Fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) multiple fractures, pelvis, ribs, (c) forearms.

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 20 April 53
19b. MAJOR FINDINGS OF OPERATION Abdominal Laparotomy - negative
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Sharptown (COUNTY) Wicomico (STATE) Md.
TIME OF INJURY (Month) April (Day) 20 (Year) 1953 (Hour) 7:30 p.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Auto struck pole.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Earl L Royer (Degree or title) M.D. ADDRESS 224 N. Division St. DATE SIGNED 21 April 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr 24 1953
NAME OF CEMETERY OR CREMATORY Lewis Methodist
LOCATION (City, town, or county) Lewis (State) Delaware

DATE REC'D BY LOCAL REG. 4-21-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS Salisbury George C Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15A

APR 23 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural give location) Route #1.

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) (Last) Stickel

4. DATE OF DEATH: (Month) April (Day) 8th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 10-1889
9. AGE last birthday: - 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Gen. Supt of Exports
10b. KIND OF BUSINESS OR INDUSTRY: (Ford Motor Co.)
11. BIRTHPLACE (State or foreign country): Smethport Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Florenz Stickel
14. MOTHER'S MAIDEN NAME: Maude Brennan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Violet M. Stickel (Wife) R.D. #1. Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Hemorrhage - Rectum — Interval Between Onset And Death: 1 week.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Adenocarcinoma Rectum, inoperable — 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/1/53
19b. MAJOR FINDINGS OF OPERATION: Inoperable Ca Rectum c̄ Liver metastases
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1953, to 4/8, 1953, that I last saw the deceased alive on 4/8, 1953, and that death occurred at 3:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) April 9, William B. Long M.D. ADDRESS 226 N. Division St DATE SIGNED 4/8/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: April 12-53
NAME OF CEMETERY OR CREMATORY: J. Wm Lies & Son
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REGISTRAR: 4-11-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Holloway & Co. ADDRESS: Salisbury Md. Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 14 1953
DUBEAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04501

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1 PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 223 S. Blvd.

3. NAME OF DECEASED: (Type or Print) MARY LAVINIA (Middle) (Last) Tilghman
4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: March 19, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (or if retired): Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Nursing
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli N. White
14. MOTHER'S MAIDEN NAME: Cordelia J. Hearn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 217-30-8366
17. INFORMANT & ADDRESS: John Tilghman - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebro Vascular Accident
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1953, to 4/21, 1953, that I last saw the deceased alive on 4/21, 1953, and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE Andrew C Mitchell (Degree or title) MD
ADDRESS 228 N. Division
DATE SIGNED 4/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/24/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Md.
DATE REC'D BY LOCAL REGISTRAR 4-24-53
REGISTRAR'S SIGNATURE Mary W. Halloway
24. FUNERAL DIRECTOR The Hill & Johnson Co.
ADDRESS Salisbury, Md.
Franklin B. Hill Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
APR 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) Levi (First) Adolphus (Middle) Tull (Last)

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 22, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Parker Tull
14. MOTHER'S MAIDEN NAME: Hannah Brittingham

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Ethel Tull, Pocomoke, R.R.#2, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

Immediate cause (a) Uremia
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Nephrosclerosis
DUE TO

(c)

Interval Between Onset And Death: 10 days, Symptoms 2 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Advanced Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13/, 1953, to 4/16/, 1953, that I last saw the deceased alive on 4/15/, 1953 and that death occurred at 1:12 A.M., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED April 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 4-20-53
NAME OF CEMETERY OR CREMATORY Halls Hill Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md

DATE REC'D BY LOCAL REGISTRAR 4-16-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Edgar Wharton, New Church, Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

APR
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) ----
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wicomico River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 407 W. Isabella

3. NAME OF DECEASED (Type or Print) (First) Cornelius (Middle) (Last) Turner

4. DATE OF DEATH (Month) (Day) (Year) (Presumptive) April 27 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH 4/13/1910
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 239-42-0001
17. INFORMANT AND ADDRESS Information found on person

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning ... ing — INTERVAL BETWEEN ONSET AND DEATH: Sudden

121.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Wicomico River (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) April 27 1953 m. (Presumptive date)
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Found drowned

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident X, suicide ☐, homicide ☐, undetermined X.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 224 N. Division St., Salisbury DATE SIGNED 5/6/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 5 1953
NAME OF CEMETERY OR CREMATORY Houston Cemetery
LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REG. 5-7-53
REGISTRAR'S SIGNATURE Mary W Holloway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME Shorton B. Jolley
ADDRESS 324 E. Church St Salisbury, Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 11
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia — COUNTY Accomac
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Elliott (Last) Vickers

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 9, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Snow Hill Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hampton Vickers

14. MOTHER'S MAIDEN NAME: Mary Watson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Elmer Vickers, Long Beach, Long Island N.Y.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 19 53, to 4-8, 19 53 that I last saw the deceased alive on 4-8, 19 53, and that death occurred at 11:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wilbur R. Ellis, D. MD — Salisbury, Md — 4-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

4-11-53 — Mechanics Cemetery — Chincoteague

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

4-13-53 — Mary M. Holloway — William B. Salyer, Chincoteague, Va.

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 57 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ocean City Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Ocean City Rd.,

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) GEORGE WILLIAM WARD

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Apr. 5, 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wm Ward
14. MOTHER'S MAIDEN NAME: Martha E Banks

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr Thomas Ward, Salisbury

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary Embolism

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

Interval Between Onset And Death: sudden 10 yrs?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5, 1953, to 4/11, 1953, that I last saw the deceased alive on 4/5, 1953, and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE Henry R Mann (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/14/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 4-14-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co George C. Hill II
ADDRESS Salisbury

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04509

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural give location) Green St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Willey

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4-28-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 1/2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Sherman Willey
14. MOTHER'S MAIDEN NAME: Ida Mae Gray

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5
Immediate cause (a) Bronchial Pneumonia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Intracranial Hemorrhage
DUE TO
(c) Prematurity

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1953, to 4/29, 1953, that I last saw the deceased alive on 4/29, 1953, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. B. Smith M. D. Salisbury Md 4/30/53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 5/1/53
NAME OF CEMETERY OR CREMATORY Peninsula General Hospital
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-1-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Peninsula General Hospital
ADDRESS

2043282300

VS. A15

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04510

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR TOWN (and give nearest town) Quantico R.F.D. 1
LENGTH OF STAY (in this place) 76 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Quantico R.F.D. 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Talbot (Last) Wright

4. DATE OF DEATH (Month) April (Day) 15 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write) Married

8. DATE OF BIRTH: April 16 1877

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laborer on farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 219-07-7632

17. INFORMANT & ADDRESS: Mrs Cora Wright R.F.D. 1 Quantico, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

Immediate cause (a) Carcinoma Right Kidney — Interval Between Onset And Death: 2 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 April, 1953, to 15 April, 1953, that I last saw the deceased alive on 15 April, 1953, and that death occurred at 2.20 PM, from the causes and on the date stated above.

SIGNATURE Richard H. Saunders (Degree or title) M.D. ADDRESS Dauterive Md. DATE SIGNED 18 April 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4-19-1953

NAME OF CEMETERY OR CREMATORY Old Fellows

LOCATION (City, town, or county) Wattsquin (State) Md

DATE REC'D BY LOCAL REGISTRAR 4-18-53

REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 21 1953
BUREAU